

PROGRAM
 LICENSE NO. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Bureau of Health Systems
 Division of Licensing & Certification
 Substance Abuse Licensing Section

APPLICATION FOR RESIDENTIAL SUB-ACUTE DETOXIFICATION

Check One: ☐ Initial ☐ Renew

In accordance with provisions of Act 368 of 1978, as amended, and the administrative rules (R325.14101 – R325.14928) of the Michigan Department of Community Health, Bureau of Health Systems, the undersigned hereby applies for approval of sub-acute detoxification services.

1. Licensed physicians on call:

Name _____ License Number _____

Name _____ License Number _____

Name _____ License Number _____

Name _____ License Number _____

2. Name(s) of physician's designated representatives:

By signing this application for sub-acute detoxification, I acknowledge that should any information contained in this application change, notice of the change will be immediately provided to the Substance Abuse Licensing Section, Division of Licensing & Certification, Bureau of Health Systems, Department of Community Health. Failure to do so may invalidate the application.

SIGNED _____ DATE _____
 Program Director

As the duly authorized representative or designee of the applicant program's governing authority, I certify that the governing authority has the authority and responsibility for overall operation of the program and will ensure that the program complies with applicable licensing standards.

SIGNED _____ DATE _____
 Governing Authority Representative

TITLE _____

**PENALTY: FAILURE TO COMPLETE THIS APPLICATION WILL RESULT IN DENIAL OF
 LICENSURE FOR THE ABOVE SERVICE.**